

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Stoddard Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME James Allen O'Neal
3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 30. 1873
(Month) (Day) (Year)

8. AGE: Years 74 6 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Clay Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farmer

12. Name William O'Neal

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Lestie O'Neal

(b) Address Puxico, Mo. R. 2.

17. (a) Burial (b) Date thereof Sept. 6. 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Hill, cemetery

18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.

19. (a) 9/9/47 (b) R. O. Munster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Puxico, R. 2.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 4
year 1947 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from 3 Sept. 1947 to 4 Sept. 1947
that I last saw him alive on 4 Sept. 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure
Due to Generalized Debility of Old Age
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 162 D
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature W. M. McPherson (M. D. or other) MD.
Address Poplar Bluff, Mo. Date signed 6 Sept 1947

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Office No. 2
District File Number 947-1239
Date Filed 9-15-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Pyman Steele

Licensed Embalmer No.

2476

P. O. Address.....

Alexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.